

**US DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE  
BIG BEND NATIONAL PARK  
RIO GRANDE WILD AND SCENIC RIVER**



***INCIDENTAL BUSINESS PERMIT APPLICATION***

(See attachment A for instructions)

Please type or print in ink. Answer all questions completely or mark "N/A" if not applicable.

1) APPLICANT NAME: \_\_\_\_\_

2) APPLICANT SOCIAL SECURITY NUMBER OR FEDERAL TAX ID NUMBER: \_\_\_\_\_

3) BUSINESS NAME(S): \_\_\_\_\_

4) CORRESPONDANCE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5) ALTERNATE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6) PRIMARY PHONE NUMBER: \_\_\_\_\_

7) ALTERNATE PHONE NUMBER: \_\_\_\_\_

8) FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

WEB SITE: \_\_\_\_\_

9) AS AN APPLICANT, YOU ARE: (Mark on box with "X")

☐ INDIVIDUAL

☐ CORPORATION

☐ PARTNERSHIP/ASSOCIATION

☐ GOVERNMENT/STATE AGENCY

☐ OTHER \_\_\_\_\_

10) If you are an INDIVIDUAL or PARTNERSHIP, are you also a citizen(s) of the United States?

☐ YES

☐ NO

11) Please circle those activities you wish to conduct within Big Bend National Park / Rio Grande Wild and Scenic River. The following categories represent authorized activities:

|  |                                      |
|--|--------------------------------------|
| B02 – Boat Livery/Tours/Charters         | I02 – Art Classes                    |
| B04 – Fishing Guide/Charters             | I03 – Astronomy                      |
| B09 – Boat Repair and Cleaning / Salvage | I04 – Bird Watching                  |
| C01 – Camping                            | I06 – Environmental Education        |
| M01 – Bike Rentals/Tours                 | I09 – Outdoor Skills                 |
| O02 – Backpacking                        | I11 – Photo/Natural History          |
| O04 – Fishing                            | I14 – Rescue/Survival Training       |
| O05 – Hiking (guided)                    | I15 – Wilderness Education / Therapy |
| O08 – Mountain Biking                    | T03 – Bus/Vehicle Tours              |
| O10 – Photography                        | T07 – Shuttle Service                |
| O11 – Rock Climbing                      | T09 – Visitor Transport              |

12) What is the appropriate date you propose to begin operating? \_\_\_\_\_

13) Identify your target clients (general public, public schools, court-placed youths, etc.)

14) Will you provide transportation for clients within the boundaries of Big Bend National Park? (If yes, please indicate the type of transportation i.e. owned vehicle, rented vehicle, contracted vehicle/service. If contracted vehicle/service, please provide name of company you contracted with)

15) If you answered yes to question 14, what is the maximum number of clients that will be transported at one time in a single motor vehicle?

16) Describe the safety/health issues typical of this type of business. Describe your plans to manage these issues. Include information such as management's policy statement, duties, employee's responsibilities, inspection and abatement, accident investigation and reports, training, and emergency procedures.

- 17) Within the past 5 years, has the company (entity) or any of the owners of the business been convicted of or forfeited collateral for any violation of state, federal, or local law or regulation? [ ] YES [ ] NO
- 18) Is the company (entity) or any of the owners of the business now under charges for any violation of state, federal, or local law or regulation? [ ] YES [ ] NO
- 19) To the best of your knowledge, within the past 5 years, have any of your current or proposed employees been convicted of or forfeited collateral for any state, federal, or local law or regulation; OR are they now under charges for any violation of state, federal or local law or regulation? [ ] YES [ ] NO (IF **“YES”**, YOU MAY BE REQUIRED TO EXCLUDE THOSE EMPLOYEES FROM WORKING IN ANY CAPACITY RELEVANT TO THOSE ACTIVITIES AUTHORIZED BY AN INCIDENTAL BUSINESS PERMIT.)

IF YOU ANSWERED “YES” TO QUESTION 17, 18, OR 19, PLEASE GIVE DETAILS IN THE SPACE BELOW. FOR EACH VIOLATION, WRITE THE: 1) Individual’s Name 2) Date 3) Charge 4) Place 5) Court 6) Action Taken.

|                           |                           |
|---------------------------|---------------------------|
| 1) Individual’s Name_____ | 1) Individual’s Name_____ |
| 2) Date_____              | 2) Date_____              |
| 3) Charge_____            | 3) Charge_____            |
| 4) Place_____             | 4) Place_____             |
| 5) Court_____             | 5) Court_____             |
| 6) Action Taken_____      | 6) Action Taken_____      |

20) You are required to carry liability insurance to provide protection for visitors you serve within National Park Service area. Applicants must obtain liability coverage BEFORE an Incidental Business Permit can be issued. Please refer to Attachment B for insurance information and requirements. Attach required certificate(s) of insurance.

21) Please provide a list of vehicle(s) you plan to use within NPS boundaries. (Note: This question only applies if you or your business own the vehicle(s).

| Vehicle Description          | Maximum Capacity | License Number | License State |
|------------------------------|------------------|----------------|---------------|
| Example: 1999 White Ford Van | 15               | ZZZ999         | TX            |
|                              |                  |                |               |
|                              |                  |                |               |
|                              |                  |                |               |
|                              |                  |                |               |
|                              |                  |                |               |
|                              |                  |                |               |

22) EQUAL OPPORTUNITY – If you have participated in a previous permit, contract, or subcontract subject to the Equal Opportunity clauses contained in Executive Order No. 11246, please describe those activities. The Americans with Disabilities Act requires that every effort be made to accommodate individuals in activities, services, and facilities. Describe your program to meet this objective.

### 23) AGREEMENT

Do you agree to comply with the Incidental Business Permit and its attachment?

☐ YES ☐ NO

Do you agree to comply with all Equal Opportunity and American with Disabilities Act requirements of the permit?

☐ YES ☐ NO

Do you agree to provide liability insurance at the levels of coverage described in the permit?

☐ YES ☐ NO

24) False, fictitious or fraudulent statements of representations made in this application may be grounds for revocation of the Incidental Business Permit and may be punishable by fine or imprisonment (US Code, Title 18, Section 1001). All information you provide will be considered in reviewing this application.

I HEREBY CERTIFY, BY MY SIGNATURE, THAT THE SUBMITTED INFORMATION IS ACCURATE. I ALSO CERTIFY THAT I CONSENT TO AND AGREE WITH A BACKGROUND CHECK TO BE CONDUCTED BY THE NATIONAL PARK SERVICE.

---

SIGNATURE OF OWNER/AGENT  
(Attach proof of Agency)

---

PRINTED NAME

---

DATE

## ATTACHMENT A – INSTRUCTIONS FOR COMPLETING APPLICATION

- 1) Please enter a contact name or name of business owner.
- 2) This is a **required** entry. Enter social security number if applicant is individual or partnership. Enter Federal Tax ID number if applicant is corporation, government/state agency, or other.
- 3) Enter name of business or organization.
- 4) Enter address you want all mailings / correspondence to go.
- 5) Enter physical address of business if different than correspondence address.
- 6) Enter primary business phone number. (This number will be made available to visitors inquiring about authorized commercial activities within the park)
- 7) Enter alternate / contact phone number.
- 8) through 10) self explanatory

11) Description of activities:

B02 – Boat Livery/Tours/Charters – canoe, raft, or kayak rentals/tours/charters with guide service or delivering/outfitting river equipment within Big Bend National Park / Rio Grande Wild and Scenic River boundaries.

B04 – Fishing Guide/Charters – canoe, raft, or kayak tours/charters with guide specifically for fishing within Big Bend National Park / Rio Grande Wild and Scenic River boundaries.

B09 – Boat Repair and/or Salvage – repair/salvage service of canoe, raft, kayak, etc within Big Bend National Park / Rio Grande Wild and Scenic River boundaries.

C01 – Camping – obtaining developed/frontcountry (individual or group) campsite(s) on behalf of clients within Big Bend National Park. PLEASE NOTE: Issuance of an IBP for this activity does not guarantee the Permittee the availability of campsites nor does it entitle the Permittee to supercede the general public in obtaining campsites.

M01 – Bike Rentals/Tours – bike rental/tours, with or without guide service.

O02 – Backpacking – backcountry camping with guide service or delivering/outfitting backcountry camping equipment within Big Bend National Park / Rio Grande Wild and Scenic River boundaries. PLEASE NOTE: Issuance of an IBP for this activity does not guarantee the Permittee the availability of campsites nor does it entitle the Permittee to supercede the general public in obtaining campsites.

O04 – Fishing – fishing from land with guide service or delivering/outfitting fishing equipment within Big Bend National Park boundaries.

O05 – Hiking – day hiking with guide service within Big Bend National Park boundaries.

O08 – Mountain Biking – mountain biking with guide service or delivering/outfitting mountain biking equipment within Big Bend National Park boundaries.

## ATTACHMENT A (cont) – INSTRUCTIONS FOR COMPLETING APPLICATION

O10 – Photography – non-commercial photography trip/tour with guide service within Big Bend National Park / Rio Grande Wild and Scenic River boundaries. (Commercial Photography requires a Special Use Permit. Contact the Superintendent's office at (915) 477-1101 for more information.)

O11 – Rocking Climbing – Rocking climbing with guide service or delivering/outfitting climbing equipment within Big Bend National Park boundaries.

I02, 03, 04, 06, 09, 11, 14, 15 – conducting described activities/classes with instructor/guide within Big Bend National Park / Rio Grande Scenic River boundaries.

T03 – Bus/Vehicle Tours – road (paved or dirt) based tours with or without guides service within Big Bend National Park boundaries.

T07 – Shuttle Service – provide transportation for visitors to and from Big Bend National Park independent of any other activities.

T09 – Visitor Transport – provide transportation for clients as part of other activity/service within Big Bend National Park boundaries. This applies only if the vehicle used is owned or rented on behalf of the IBP holder. (Example – river outfitter that transports clients to and from the river as part of boat livery service.)

12) through 22) – self explanatory.

Mail original signature document to: Incidental Business Program  
P. O. Box 129  
Big Bend National Park, TX 79834  
Attn: Program Coordinator

It is your responsibility to read and become familiar with the **conditions of the permit** before you sign. Failure to comply to any of the permit conditions may result in citation(s) being issued to your company, and may also result in your company being denied future access into the Park.

## ATTACHMENT B



### LIABILITY INSURANCE INFORMATION & REQUIREMENTS

All Incidental Business Permit holders are required by the National Park Service to have liability coverage for activities conducted within Big Bend National Park / Rio Grande Scenic River. The types of activities authorized and party sizes determine the types and minimum amounts of liability coverage required.

#### **COMPREHENSIVE GENERAL LIABILITY COVERAGE**

Comprehensive General Liability (Commercial General Liability) coverage is required for all activities except Shuttle Service. This type of insurance coverage is usually sold as a Guides & Outfitters (G&O) policy. The minimum required liability coverage for bodily injury is \$300,000 per occurrence; higher limits may be required for some activities.

#### **AUTOMOBILE LIABILITY COVERAGE**

Automobile liability coverage is required on vehicles/buses used for Shuttle Service, Bus/Vehicle Tours and **Visitor Transportation** regardless of whether the vehicle/bus is owned, non-owned, or hired.

If the IBP holder is using owned vehicles, the automobile liability policy must state “any vehicle”, “scheduled vehicles”, or “owned vehicles”. If the policy solely states “scheduled vehicles”, then only the vehicles listed on the policy are allowed to operate within the Park. A list of scheduled vehicles should be included on the certificate of insurance.

If the IBP holder is using non-owned vehicles i.e. rented vehicles, the automobile liability coverage must state “any vehicle” or “non-owned” vehicles.

If the IBP holder is using a hired vehicle i.e. contracted from a third party, the IBP holder is not required to carry automobile liability coverage for hired vehicle. The third party however is responsible for meeting minimum automobile liability requirements as set by the National Park Service.

If the IBP holder uses a vehicle **solely** for transporting employees or equipment within Park boundaries, the IBP holder is only required to maintain coverage as required by state regulations.

#### **WATERCRAFT LIABILITY COVERAGE**

Watercraft liability coverage is required for boating activities on waters within NPS areas. Depending on size, ownership, and use of the watercraft, this is covered by either a Protection and Indemnity (P&I) Liability policy or by a Comprehensive General Liability policy.

#### **WORKER’S COMPENSATION COVERAGE**

All Incidental Business Permit holders must carry worker’s compensation coverage as required by state law.

**ATTACHMENT B (cont)**  
**LIABILITY INSURANCE INFORMATION & REQUIREMENTS**

**MINIMUM COVERAGE AMOUNTS**

**Comprehensive General Liability (Guides & Outfitters)**

| <b>ACTIVITIES</b>                     | <b>PARTY SIZE</b> | <b>REQUIRED MINIMUM COVERAGE</b> |
|---------------------------------------|-------------------|----------------------------------|
| All activities except Shuttle Service | ANY PARTY SIZE    | \$300,000/Occurance              |

**Automobile Liability**

| <b>ACTIVITIES</b>  | <b>PARTY SIZE</b>   | <b>REQUIRED MINIMUM COVERAGE</b> |
|--|---------------------|----------------------------------|
| Shuttle Service; Bus/Vehicle Tours; Visitor Transportation | UP TO 5 passengers  | \$300,000/Occurance              |
| Shuttle Service; Bus/Vehicle Tours; Visitor Transportation | 6 TO 12 passengers  | \$500,000/Occurance              |
| Shuttle Service; Bus/Vehicle Tours; Visitor Transportation | 13 TO 20 passengers | \$750,000/Occurance              |
| Shuttle Service; Bus/Vehicle Tours; Visitor Transportation | 21 TO 50 passengers | \$1,500,000/Occurance            |

**ADDITIONAL REQUIREMENTS**

Insurance policies must contain a waiver of subrogation clause specifying that the insurance company shall have no right of subrogation against the United States, OR the National Park Service must named as an additional insured on the Policy.

The National Park Service should be listed as a certificate holder with the following address: Big Bend National Park Service, Superintendent's Office, PO Box 129, Big Bend National Park, Texas 79834. Some insurance companies may prefer to fax a copy of your certificate to us at (432) 477-1175. A certificate of insurance is usually sufficient proof of coverage.

It is your responsibility to meet the liability requirements at all times and ensure that we have current certificates of insurance throughout the permit time period. Failure to meet this requirement will result in the suspension of your IBP and you will be unable to conduct activities within Big Bend National Park / Rio Grande Wild and Scenic River.

For additional information, call Bernadette Devine at (432) 477-1189 or via email: [bernadette\\_devine@nps.gov](mailto:bernadette_devine@nps.gov).